

Date:

Dr:

Postal Address:

Dr/GP Practice Email Address:

Re:

Date of Birth:

Email:

Your above patient has applied to become a volunteer youth mentor in the Graeme Dingle Foundation Project K or Career Navigator programmes (www.dinglefoundation.org.nz).

The mentoring role involves regular contact with a 14-15 year-old student over a period of 6 to 12 months. The mentor acts as a support person, friend, and coach to the student, helping him/her to reach specific goals.

As part of our screening process we make inquiries with the prospective mentor's GP to identify any information which may influence the mentoring relationship; i.e., psychiatric illness or serious physical illness. Below is a signed Declaration allowing Graeme Dingle Foundation Auckland to make such an inquiry.

We would be grateful if you would tick the appropriate box below and return this form back to us within 2-3 days. Please scan and email to info@dinglefoundation.org.nz

I confirm that the person above is a suitable to work with young people as outlined:

yes: no: maybe:

Signed by Doctor:

Comments and/or reservations:

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.....

I authorise Graeme Dingle Foundation Auckland to make enquiries of the above medical practitioner as to my fitness to work with young people.

Signed Applicant.